

Westfield High School Choral Boosters

CHECK REQUEST

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Date of Request : _____ Due Date: _____
Payable to : _____ Send to: _____
Amount : _____
Purpose of Check : _____

Charge Account : _____
: _____
Requested by : _____ Telephone Number: _____
Title : _____
Signature : _____

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APPROVAL SIGNATURES

Booster Officer : _____ Date Approved: _____
Director : _____ Date Approved: _____

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TREASURER'S USE ONLY:

Receipt Attached : _____ Date Paid: _____
Account Charged : _____ Check No.: _____

NOTE: If an invoice is being paid, please attach the original invoice AND a copy of invoice to be mailed with the check to the vendor. THANK YOU